



NURSING PRACTICE COMMITTEE MEETING

AGENDA
Hilton Los Angeles Airport
5711 West Century Blvd.
Los Angeles, CA 90045

May 8, 2013

Wednesday May 8, 2013 – 2:00 pm – 3:00 pm

10.0 Review and Accept Minutes

➤ March 6, 2013

10.1 Approve/not approve advisory statement for RNs and Nurse Practitioners and Nurse Mid-Wives

- 1. RN - Information about Medical Assistants**
- 2. Nurse Practitioner and Nurse Mid-Wives Supervision of Medical Assistants**

10.2 Tribal Health Programs: Health Care Practitioners

10.3 Public Comment for Items Not on the Agenda

NOTICE:

All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board's Web Site at <http://www.rn.ca.gov>. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing Office at 1747 North Market Blvd.#150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297. Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.

Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum.



NURSING PRACTICE COMMITTEE MEETING MINUTES

March 6, 2013

**Four Points by Sheraton
4900 Duckhorn Drive
Sacramento, CA 95834**

Members Present: Trande Phillips, RN, Chair
Cynthia Klein, RN, direct practice member
Michael Jackson, BSN, RN, CEN, MICN

Staff Present: Janette Wackerly, MBA, RN, SNE
Liaison to the Practice Committee

Wednesday, March 6, 2013 at 2:00 pm

Trande Phillips, RN, Chair, direct practice member, opened the meeting. The committee members introduced themselves:

Cynthia Kline, RN, direct practice member
Michael Jackson, BSN, RN, nurse educator

10.0 Review and Accept Minutes

➤ January 9, 2013

MSC: Jackson/Klein voted to accept meeting minutes of January 9, 2013

- 10.1 Approve/Not Approve advisory statements for RNs and APRNs**
1. Elective Cosmetic Medical Procedures or Treatments: Med Spa
 2. Proposed Regulation: Physician Availability: Elective Cosmetic Procedures

MSC Jackson/Klein approved advisory statement for RN and APRN

1. Elective Cosmetic Medical Procedures or Treatment: Med Spa
2. Proposed Regulation: Physician Availability: Elective Cosmetic Procedure

- 10.2 Review and Discuss Practice Committee Goals and Objectives 2013-2014 to provide for continuing information on nursing practice in California.**

Trande Phillips RN discussed the request to the Board to appoint an advanced practice advisory committee related to Goal 5. Goal 5 states to develop and implement processes for the board to interact with stakeholders to identify and evaluate issues related to advanced practice nursing and

to promote maximum utilization of advanced practice nursing. (Goals and Objects 2013-2014 attachment)

The suggestion is that the advisory committee have a balanced representation of advanced practice nurses, identification of possible members from direct practice, health administration, education and members from appropriate agencies and health care settings.

The Practice Committee and the Education & Licensing Committee will collaborate on the work that needs to be done to include various laws and regulations pertaining to advanced practice nursing.

10.3 Public Comment for Items Not on the Agenda.

Reviewed and Accepted:

Trande Phillips, RN; Direct Patient Care Member

Janette Wackerly, MBA; RN; SNEC

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REGISTERED NURSES INFORMATION ABOUT MEDICAL ASSISTANT

Medical assistants are unlicensed individuals who perform non-invasive routine technical services under the supervision of a licensed physician and surgeon or podiatrist in a medical office or clinic setting.

The supervising physician and surgeon or podiatrist must be on the premises in order for the medical assistant to perform those non-invasive technical support services.

A copy of the Business and Professions Code, the Health and Safety Code, and the California Code of Regulations, relating to the scope of practice of medical assistants in the State of California, may be obtained on the Medical Board Website.

The Medical Board on its website provides a list of "Frequently Asked Questions" addressing the appropriate training, supervision, and scope of practice issues, is available to assist members of the public and professionals to understand the role of medical assistant within the health care system.

For information regarding medical assistants please use the Medical Board of California website: http://www.mbc.ca.gov/allied/medical_assistants.html

Medical Board of California information includes:

Medical assistants may obtain "certified" status through private agencies approved by the Medical Board of California.

A list of "Frequently Asked Question" addressing the appropriate training, supervision, and scope of practice issues is available to assist members of the public and professionals to understand the role of medical assistant within the health care system.

A copy of the Business and Profession Code, Health and Safety Code, and the California Code of Regulations relating to the scope of practice of medical assistants in the State of California, may be obtained from the Medical Board of California website: http://www.mbc.ca.gov/allied/medical_assistants.html

Medical Board of California: www.mbc.ca.gov
Medical Assistant: http://www.mbc.ca.gov/allied/medical_assistants.html
Business and Professions Code: <http://www.leginfo.ca.gov>
California Code of Regulation: <http://www.oal.ca.gov/ccr.htm>



INFORMATION ABOUT MEDICAL ASSISTANT

Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
(916) 263-2382

Medical Board of California: www.mebd.ca.gov
Medical Assistant: http://www.medbd.ca.gov/allied/medical_assistant.html
Business and Professions Code: <http://www.leginfo.ca.gov>
California Code of Regulation: <http://www.ccr.oal.ca.gov>

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NURSE PRACTITIONERS & NURSE-MIDWIVES- SUPERVISION OF MEDICAL ASSISTANTS

Legislation enacted during 2001-2002 Session

SB 111, Chapter 358 (Alpert) was signed by Governor Gray Davis on September 26, 2001 and becomes effective January 1, 2002. Per Business & Profession Code Section 2069(a)(1) and Health & Safety Code 1204 (A) & (B), a supervising physician and surgeon at a "community clinic" or "free clinic" may, at his or her discretion, in consultation with the nurse practitioner, nurse-midwife, or physician assistant provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. The written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, nurse-midwife, or physician assistant and that tasks may be performed when the supervising physician and surgeon are not on site. This delegation to the nurse practitioner or nurse midwife is limited to those licensed clinics under Health and Safety Code 1204.

Background

Medical assistants are unlicensed personnel who perform non-invasive routine technical support services under the supervision of the physician and surgeon, or podiatrist in a medical office or clinic setting. The supervising physician and surgeon or podiatrist must be on the premises in order for the medical assistant to perform those non-invasive technical support services. The **exception** as outlined in the above paragraph where BPC Section 2069 (a)(1) and Health and Safety Code 1204 (A) community clinic and (B) "free clinic" where the physician and surgeon may delegate through written instructions that the nurse practitioner, nurse mid-wife, or physician assistant may provide the supervisory function for the medical assistant when the supervising physician is not on site.

For information regarding medical assistant please use the Medical Board of California website: http://www.mbs.ca.gov/allied/medical_assistants.html

Medical Board of California information includes:

- *Medical assistants may obtain "certified" status through private agencies approved by Medical Board of California.
- *A list of "Frequently Asked Question" addressing the appropriate training, supervision, and scope of practice issues is available to assist members of the public and profession to understand the role of medical assistant within the health care system.
- *A copy of the Business and Profession Code, Health and Safety Code, and the California Code of Regulations relating to the scope of practice of medical assistants in the State of California, may be obtained from the Medical Board of California website: http://www.mbs.ca.gov/allied/medical_assistants.html



NURSE PRACTITIONERS & NURSE-MIDWIVES- SUPERVISION OF MEDICAL ASSISTANTS

Medical Board of California link for medical assistant

http://www.mbc.ca.gov/allied/medical_assistant_training.html.

Business and Professions Code 2069 (a) (1) and Health and Safety Code 1240 link is
<http://www.leginfo.ca.gov>

SB 111, Chapter 358 (Alpert) was signed by Governor Gray Davis on September 26, 2001 and became effective January 1, 2002. Business & Profession Code Section 2069(a)(1) and Health & Safety Code 1204 a supervising physician and surgeon at a community clinic or free clinic as licensed pursuant to Health and Safety Code 1204 may, at his or her discretion, in consultation with the nurse practitioner, nurse-midwife, or physician assistant provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. The written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, nurse-midwife, or physician assistant and that tasks may be performed when the supervising physician and surgeon are not on site. This delegation to the nurse practitioner or nurse midwife is limited to those licensed clinics under Health and Safety 1240.

The classification of medical assistants is defined under the provisions of the Medical Practice Act (Business and Professions Code section 2069-2071) as a person who may be unlicensed who performs basic administration, clerical, and technical support services under the supervision of a licensed physician or podiatrist.

Under the law "technical supportive services" are simple, routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and functions under the supervision of a licensed physician or podiatrist. "Supervision" is defined to require the licensed physician or podiatrist to be physically present in the treatment facility during the performance of those procedures. The only exception is contained in Business and Professions Code 2069 (a)(1) and Health and Safety Code section 1204. For those clinics licensed pursuant to section 1204, the supervising physician and surgeon may, at his or her discretion, in consultation with the nurse practitioner, nurse midwife, and physician assistant provide written instructions to be followed by the medical assistant in the performance of tasks and supportive services. These written instructions may provide that the supervisory function for medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, nurse midwife within standardized procedures or protocols and that the tasks may be performed when the supervising physician and surgeon in not onsite as long as the NP and CNM are functioning by approved standardized procedures as required (Business and Professions Code 2069 (a) (1)).

Business and Professions Code

2069. (a) (1) Notwithstanding any other provision of law, a medical assistant may administer

medication only by intradermal, subcutaneous, or intramuscular injections and perform skin

tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist. A medical assistant

may also perform all these tasks and services in a clinic licensed pursuant to subdivision (a) of Section 1204 of the Health and Safety Code upon the specific authorization of a physician assistant, a nurse practitioner, or a nurse-midwife.

(2) The supervising physician and surgeon at a clinic described in paragraph (1) may, at his or her discretion, in consultation with the nurse practitioner, nurse-midwife, or physician assistant provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. These written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, nurse-midwife, or physician assistant within the standardized procedures or protocol, and that tasks may be performed when the supervising physician and surgeon is not onsite, so long as the following apply:

(A) The nurse practitioner or nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725, or protocol. The standardized procedures or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner or nurse-midwife, and the facility administrator or his or her designee.

(B) The physician assistant is functioning pursuant to regulated services defined in Section 3502 and is approved to do so by the supervising physician or surgeon.

(b) As used in this section and Sections 2070 and 2071, the following definitions shall apply:

(1) "Medical assistant" means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist, or group thereof, for a medical or podiatry corporation, for a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the Division of Licensing. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.

(2) "Specific authorization" means a specific written order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed on a patient, which shall be placed in the patient's medical record, or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed, the

duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed on the patient's medical record.

(3) "Supervision" means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:

(A) A licensed physician and surgeon.

(B) A licensed podiatrist.

(C) A physician assistant, nurse practitioner, or nurse-midwife as provided in subdivision (a).

(4) "Technical supportive services" means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a).

(c) Nothing in this section shall be construed as authorizing the licensure of medical assistants. Nothing in this section shall be construed as authorizing the administration of local anesthetic agents by a medical assistant. Nothing in this section shall be construed as authorizing the division to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.

(d) Notwithstanding any other provision of law, a medical assistant may not be employed for inpatient care in a licensed general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code. 2070. Notwithstanding any other provision of law, a medical assistant may perform venipuncture or skin puncture for the purposes of withdrawing blood upon specific authorization and under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a) of Section 2069, if prior thereto the medical assistant has had at least the minimum amount of hours of appropriate training pursuant to standards established by the Division of Licensing. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the training required. A copy of the certificate shall be retained as a record by each employer of the medical assistant.



Tribal Health Programs: Health Care Practitioners Registered Nurses and Advanced Practice Nurses

Legislation enacted during 2011-2012 Session

Assembly Bill 1896, (Chesbro) Chapter 119 is an act to amend the heading of Article 10 (commencing with Section 710) of Chapter 1 of Division 2 of, and to add Section 719 to, the Business and Professions Code.

Under existing law, licensed health professionals employed by a tribal health program are required to be exempt, if licensed in any state, from the licensing requirements of the state in which the tribal health program performs specified services. A tribal health program is defined as an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility that is funded, in whole or part, by the Indian Health Service.

This act codifies the federal requirement by specifying that a person who is licensed as a health care practitioner in any other state and is employed by tribal health program is exempt from this state's licensing requirements with respect to acts authorized under the person's license where the tribal health program performs specified services.

Assembly Bill No. 1896

CHAPTER 119

An act to amend the heading of Article 10 (commencing with Section 710) of Chapter 1 of Division 2 of, and to add Section 719 to, the Business and Professions Code, relating to healing arts.

[Approved by Governor July 13, 2012. Filed with
Secretary of State July 13, 2012.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1896, Chesbro. Tribal health programs: health care practitioners.

Under existing federal law, licensed health professionals employed by a tribal health program are required to be exempt, if licensed in any state, from the licensing requirements of the state in which the tribal health program performs specified services. A tribal health program is defined as an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service.

Existing law provides for the licensure and regulation of health care practitioners by various healing arts boards within the Department of Consumer Affairs.

This bill would codify that federal requirement by specifying that a person who is licensed as a health care practitioner in any other state and is employed by a tribal health program is exempt from this state's licensing requirements with respect to acts authorized under the person's license where the tribal health program performs specified services.

The people of the State of California do enact as follows:

SECTION 1. The heading of Article 10 (commencing with Section 710) of Chapter 1 of Division 2 of the Business and Professions Code is amended to read:

Article 10. Federal Personnel and Tribal Health Programs

SEC. 2. Section 719 is added to the Business and Professions Code, to read:

719. (a) A person who is licensed as a health care practitioner in any other state and is employed by a tribal health program, as defined in Section 1603 of Title 25 of the United States Code, shall be exempt from any licensing requirement described in this division with respect to acts authorized under the person's license where the tribal health program

performs the services described in the contract or compact of the tribal health program under the Indian Self-Determination and Education Assistance Act (25 U.S.C. Sec. 450 et seq.).

(b) For purposes of this section, "health care practitioner" means any person who engages in acts that are the subject of licensure or regulation under the law of any other state.